

LGPIF Quote Questionnaire

For Office Use Only

Date Quote Processed: _____ Underwriter: _____

Quote # _____ Policy# _____

Classification: _____ Rate Group _____

Type of Coverage Requested (Check all that apply)

- ☐ Building, Personal Property, Property in the Open ☐ Inland Marine ☐ Contractors Equipment ☐ Automobile
☐ Additional Coverages (Page 2)

Policy Effective Date _____

Municipality Name _____ County _____

Contact _____ Phone _____ - _____ - _____ Fax _____ - _____ - _____

Address _____
Street City State Zip Code

Agent / Consultant _____ email / fax# _____

Quote will be mailed to the Municipality directly, copy will be emailed to agent if name and address are provided.

Buildings, Personal Property, and Property in the Open

Deductible \$ _____ Requested Coverage Amount \$ _____
(Deductible options listed on Page 2)

Inland Marine (Personal Property off premises)

Deductible \$500 / \$1,000 Requested Coverage Amount \$ _____
(circle choice)

Contractors Equipment

Deductible \$500 / \$1,000 / \$2,500 / \$5,000
(circle choice)

Requested Coverage Amount \$ _____ ☐ ACV ☐ RC

Motor Vehicle Comprehensive

Deductible \$ _____ ☐ ACV ☐ RC
(options listed on Page 2)

*Age Group 1 - # of Units _____ Original Cost New Group 1 Total Value \$ _____

*Age Group 2 - # of Units _____ Original Cost New Group 2 Total Value \$ _____

Motor Vehicle Collision

Deductible \$ _____ ☐ ACV ☐ RC
(options listed on Page 2)

*Age Group 1 - # of Units _____ Original Cost New Group 1 Total Value \$ _____

*Age Group 2 - # of Units _____ Original Cost New Group 2 Total Value \$ _____

*Age Group 1 = 3 most current model years Age Group 2 = older than 3 years

Additional Coverages

Monies and Securities

Deductible \$500 / \$1,000 (circle choice) Requested Coverage Amount \$ _____

Valuable Records (\$10,000 provided, amount requested would be in addition to)

Deductible \$ _____ Requested Coverage Amount \$ _____
(Deductible options same as building)

Extra Expense (\$5,000 provided, amount requested would be in addition to)

Requested Coverage Amount \$_____

Other Coverages/Comments:

Deductible Information

<u>Buildings, PP and PITO</u> Deductible Options	Discount	<u>Motor Vehicle</u> Deductible Options	Discount
\$500	5.00%	\$500	0%
\$1,000	11.65%	\$1,000	10.00%
\$2,500	24.00%	\$2,500	28.00%
\$5,000	33.50%	\$3,000	32.00%
\$10,000	41.10%	\$5,000	44.00%
\$15,000	47.75%	\$10,000	60.00%
\$25,000	56.30%	\$15,000	67.00%
\$50,000	67.70%	\$25,000	75.00%